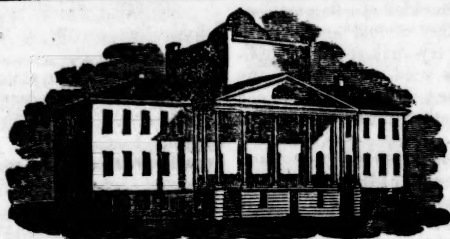


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## I.

### *Case of Diffuse Inflammation produced by Local Injury.*

By DANIEL FISHER, M.D., of Martha's Vineyard.

Communicated for the Boston Medical and Surgical Journal.

[The following case is of the character of those caused by wounds in dissection, and by the contact of putrid skins to an excoriated surface, and sometimes by the puncture of veins of the arm in bleeding. A great part of the serious accidents arising from these causes are to be attributed to the combined action of local injury and of causes affecting the whole body. Thus, in the case here related, had not the patient been exposed to the action of cold in such way as to produce a constitutional disturbance, it is not probable he would have suffered such very severe consequences from the local injury. In many of these instances the difficulty arises from neglect of the original injury, and

sometimes from a repeated application of the irritating matter. The disorder is a dreadful one, and happy is it that it does not occur more frequently in dissection; for it would add another to the many impediments to the pursuit of a knowledge of the human structure. Wounds in dissection are rarely formidable, if the wound is immediately sucked and kept quiet till healed; the patient at the same time being careful to avoid every noxious exposure. The subject of the present case survived the disease, and recovered from an affection which would have proved mortal to one of less vigorous constitution of body and mind. The enormous quantity of opiates administered, shows the violence of the pain and the malignity of the disease. This may also, perhaps, be considered as a proper example of the treatment to be pursued; if it be noted that the disease began without violent symptoms, and therefore did not at first experience the

very active treatment such cases demand. One other remark. This patient was not relieved by warm applications, but found cold more agreeable. This is not unusual in this kind of inflammation; and the fact should lead practitioners to try such opposite applications as cold and heat in the same case; that is, when one fails, the other should be resorted to.]—Ed.

In the evening of the 24th of November, while engaged in dissection in the Medical School in Boston, I felt a dull pain in the whole extent of the left arm, with loss of its muscular strength, which continued about two hours. I was exposed to a north-east storm the same evening, and prevented from sleeping that night by accidental causes. In the morning the fauces were uncomfortable from inflammation. For some days previous to this, my hands had been exposed to the action of oxymuriate of mercury used in dissection, particularly the left hand. The solution contained 3j. of the oxymuriate to f3xvj. of diluted alcohol. In the morning of the 25th, observed a small vesicle on the side of the middle finger, next to the fore finger, on left hand. Also observed a vesicle on back of thumb of same hand. These vesicles were not painful, but uncomfortable on account of their smarting. On pressing them with the thumb nail, a small quantity of acrid serum, of a leaden hue, was discharged. In doing this, the cuticle of vesicle on the finger was removed; vesicle continued to smart, and in afternoon was found to have obtained the size of a pea. In forenoon hands were slightly

exposed to the oxymuriate; about 3 o'clock, in afternoon, hands were again exposed to the oxymuriate, (the temperature of which was between 80 and 90 degrees,) and also to the contact of purulent matter. After this exposure of hands, accidental circumstances prevented their being cleaned, until about half an hour had elapsed. At the time of last exposing hands, inflamed part was greatly irritated, and serum was observed occasionally to flow from it. After washing hands, finger became painful, and continued through night so as to prevent sleep.

Friday, 26th. Inflammation had extended to whole of parts over second bone of middle finger. Passed the forenoon in dissecting-room, which was very cold. At 1 o'clock, P. M., felt considerable depression of system and loss of muscular strength. Dr. Warren prescribed sulphate of magnesia 3j.; white-bread and milk poultice to hand. After applying poultice pain much increased, and swelling extended the whole length of finger. In evening had four leeches to finger, with temporary relief of pain; but upon re-applying poultice, pain became as severe as ever, and continued so until poultice was withdrawn, and compresses dipped in warm water were applied to finger. Finger continued to bleed during night from application of leeches, and probably bled about 3iij. or iv. Slept but little during night; thirsty, but no appetite.

Saturday, 27th. Took 3iss of sulphate of magnesia, which operated freely; then took as follows:

R. Hydrarg. submur. ʒj.

Pulv. opii gr. xv. M. ut ft. pilulæ, numero vj.

One to be taken every two or three hours, through the day and evening. Took five pills, but pain continuing severe, slept but little during night. Applied compresses dipped in sweet oil.

Sunday, 28th. At 4 o'clock, A. M., pain became very severe, and extended up metacarpal bone. Had a poultice immediately applied, which increased pain and swelling, but poultice was kept on till half past 10, A. M., when hand was seen by Dr. Warren, who ordered copious venesection to arm, afterwards eight leeches to hand. Having much nausea, pulv. ipecac.  $\mathfrak{z}\text{j}$ ., (previous to venesection,) which operated five times; the last time, matter ejected bitter. After taking emetic had eight leeches applied to back of hand. Afterwards venesection from left arm ad  $3\text{xl}$ . by measurement afterwards. Venous blood of arm very red, nearly the color of arterial blood. Compresses dipped in warm water were applied to back of hand. Had then the following prescribed at evening.

R. Spts. ætheris nitrosi  $\text{f3vj}$ .  
Tinct. opii  $\text{f3ij}$ . M.

Take gtt. xlv. every twenty minutes, till pain is alleviated. At 9, in evening, took gtt. xxxv. and repeated every twenty minutes, increasing dose to l. gtt. and continued them until twenty minutes past 12 o'clock. Soon after pain diminished; had some sleep, interrupted at short intervals by troublesome dreams. This disturbed sleep continued till half past 3; then became wakeful, and continued so till morning. Half past 4, pain returned. Compresses dipped in cold water were applied to hand during night. Leech

bites bled all night; skin dry and hot; tongue somewhat furred, very thirsty; pulse at times full and bounding, at others soft and natural; hand very hot, heating the wet compresses very rapidly; finger warm and sensible; hand considerably swollen, with red lines, prominent and extending from finger up the whole length of the arm; glands in axilla swollen, painful on pressure.

Monday, 29. Muscular strength much diminished; no desire for food; bowels regular; hand painful; cold spirit and cold water alternately applied to hand; was ordered venesection  $\text{f3viij}$ . from arm; continue cold applications to hand, which was less painful during day. In evening, after going to bed, became very painful; cuticle of finger apparently dead, discolored, and distended by swelling underneath it. The two first phalanges were sensible; end of finger cold. The pulse could not be felt in the finger, though very evident in the forefinger; the whole hand above the finger was red and tensely swollen. The water and spirit were frequently applied during evening, but with little effect. Between 10 and 11 o'clock, seven leeches were applied, two on the finger and five around the metacarpal joint. The bleeding was afterwards promoted by warm water, and probably  $\text{f3v}$ . of blood were procured during the night. The finger became warm while the leeches were drawing, and some temporary relief was obtained. The hand, however, continued through the night red, distended, hot and painful. Pulse strong and full, 80 to 100. In evening took pulv. opii gr ij.

Half past 11. Tinct. opii  $\text{f3j}$ .

Half past 1. do. do.  $\text{f3ij}$ .

2. *Æth.* and laud. gtt. lx.  
 Quarter past 2. *Æth.* and laud. gtt. xl.  
                   *Tinct. opii* f3j.  
 Half past 2. *Tinct. opii* f3j.  
                   3. *Æth.* and laud. f3iss.

Constantly uneasy until 3, A.M. Then remained tolerably quiet till morning, having a little disturbed sleep.

Tuesday, 30th. Bowels well, no appetite; have taken no nourishment since Friday, except arrow-root; for drink, toast water, lemonade, tartaric acid and water. Slept about two hours in forenoon. Cold applications continued; hand occasionally showered with cold spirits, which gave temporary relief to pain. In evening, compresses dipped in a solution of plumb. sub. acet. liq. were applied. Pain became intolerably severe after this; finger swollen; very tense; discolored at middle joint; colorless at extremity; numb. Pulse 92, hard and strong. Glands in axilla swollen and painful. Half past 10, applied poultice, and renewed it at half past 11. This remained on till morning.

Half past 10,	took acet.	<i>opii</i> gtt.	xv.
11,	do.	do.	xx.
12,	do.	do.	xx.
Half past 12,	do.	do.	xx.
1,	do.	do.	xx.
Half past 1,	do.	do.	xx.
2,	do.	do.	xx.

Night more quiet after opiates but no sleep; pain severe through night, apparently as intolerable as in evening. Pain gradually subsided after opiates were omitted; sometimes only felt in middle finger, at others in cutis of palm of hand, at others in joints and back of hand. 5 o'clock. Pain entirely subsided; body entirely free from pain. Half past 5. Pain in

hand commenced again; when free from pain not disposed to sleep. At half past 6, slept a few minutes for the first time during night.

Wednesday, December 1st. Cuticle over middle bone of finger much distended with fluid; also cuticle in palm of hand raised and prominent. Cuticle laid open by Dr. Warren. A considerable quantity of bloody serum was discharged from finger; from palm of hand, serum. Continued poultice; hand less painful; bowels pretty free; slept some during day; in evening quite uneasy; very thirsty. About 12, slept about fifteen minutes; then became watchful and restless. Pulse 92; skin dry and hot; much annoyed by heat in bowels and lower extremities. Cloths dipped in cold water were applied on abdomen, which were very grateful. At 2 o'clock took *Tinct. opii* et *Eth. nitr.* gtt. c. Afterwards a little dozing but no sleep. 5 o'clock. Pulse more frequent and full; pulsation of heart very strong. 6. Slept a little while sitting up.

Thursday, Dec. 2d. On removing poultice, cuticle found to be separated and hanging loosely about the finger. On first bone of middle finger, a well marked line of separation was formed by a sulcus running transversely on back of finger and obliquely on the inside to palm of hand, leaving the muscles covering the two posterior thirds of the back part of this bone. The parts under cuticle, and covering the second and third bones of finger, were of a dark color, and in appearance had lost their vitality. Prescribed for as follows:—Bathe the finger in hot alcohol every three hours.

Apply a poultice half yeast, and the other half Indian meal. White bread and milk poultice to hand. Take cinchona and wine freely if borne well.

At 10 o'clock, A.M. alcohol and poultices were applied. Took cinchona pulv. 3j., two table spoonfuls of wine, and water q. s. At 1, P.M. alcohol reapplied. Half past 1. Took a tea-cupful of beef tea. Wine and cinchona being borne well, they were used pretty freely. Alcohol and poultices applied every three hours. 9, P.M. After removing poultices there was a free discharge of pus from an orifice in the palm of hand near middle finger, connected probably with a sinus between the fore and middle finger, leading to the back of the joints of middle finger, as it flowed from the orifice, when pressure was made on the back of the hand. Had arms and chest sponged with soap and water; poultices renewed every three hours during night. Slept tolerably well after 12 o'clock.

Friday, Dec. 3d. Back of hand suppurating freely in deep seated parts, and discharging itself by an orifice on side of middle finger and next to ring finger; was prescribed for as follows:—Continue poultices and alcohol, putting a pledget of resin cerate around the finger. Continue cinchona and wine.

R. Tinct. rhei ʒss. at bed time.

In forenoon took a roasted apple; having a pretty good appetite, ate a small piece of beef steak and half a water cracker for dinner; in evening a cup of tea and one water cracker; in night slept well. After 12 o'clock, sweat profusely during sleep.

Saturday, Dec. 4th. Hand sup-

purating freely in deep seated parts and discharging itself through orifices near the middle finger; finger not altered in appearance; numb; line of separation made evident. Two dejections from rhubarb, pretty free; appetite good. Took coffee for breakfast, beef steak at dinner, and tea at night; at 11 o'clock, went out into the open air and walked a few rods; slept well in night.

Sunday, Dec. 5th. Hand and finger much as yesterday; appetite and strength increasing. Took boiled chicken for dinner. Finger bent up; dark colored, and not exhibiting any properties of vitality; cuticle hangs loosely about it.

Friday, Dec. 10th. Hand has continued suppurating since last record; finger bent up, dark colored, and destitute of sensation; line of separation more perfect; flexor tendon denuded near palm of hand; suppuration on back of hand stopped and orifices closed up; suppuration in palm of hand continues, but discharge is much less for three or four days past; appetite and strength much increased; general health good. Go into the open air ad libitum.

At 2, P.M. finger amputated, with metacarpal bone, and parts brought together by adhesive plaster. Hand painful, or rather a burning sensation in it, during remainder of day, and through the night. Slept tolerably after 12 o'clock.

Saturday, Dec. 11th. Hand feels much the same as yesterday; appetite and digestion good; bowels regular.

Sunday, Dec. 12th. Hand less painful; considerable discharge of bloody serum and purulent matter; adhesive plaster found to be starting up on account of discharge

from parts. At 2, P.M. dressings removed; flap partly united by first intention, but next to palm of hand there is a considerable cavity through which sanious pus is discharged, from deep seated parts of the palm of hand. There was a pretty free suppuration at this part before amputation.

Monday, Dec. 13th. Hand painful in afternoon and in night; did not sleep until 3 o'clock. Hand dressed in morning. Suppuration pretty free from palm of hand; considerably swollen at point of amputation.

Tuesday, Dec. 14th. Hand free from pain; general health good; bowels well.

Wednesday, 15th. Hand somewhat painful in morning; dressed; cavity nearly closed; at 11 o'clock became very painful; seat of pain apparently at the end of metacarpal bone of finger amputated, extending to back of hand and metacarpal bone of ring finger; on examination, back of hand found to be red and considerably swollen; pain continuing pretty severe at 2, P.M.; hand examined by Dr. Warren, who ordered dressings to be removed and poultice to be applied. Quarter past 2, applied pretty large poultice to back and palm of hand; pain somewhat mitigated by them; poultices renewed at 6, P.M.; pain in hand much the same; pain extending to the arm; glands in axilla swollen and painful. Poultices renewed at 10 o'clock in evening; shortly after pain subsided; slept well.

Thursday, 16th. Poultices renewed; no pain; swelling and redness diminished; appetite good; bowels well; during day, hand mostly free from pain; occasionally pain darting up the arm;

swelling in axilla not gone; not painful, however.

Saturday, 18th. Hand easy. Poultice discontinued; parts dressed with simple cerate.

## II.

*Of After-Floodings, and their Treatment.—From Lectures delivered at Guy's Hospital,*

By Dr. JAMES BLUNDELL.

### *After-Floodings.*

By after-floodings, Gentlemen, you are to understand, those discharges of blood which take place subsequently to the expulsion of the child, before or after the birth of the placenta. And as these floodings differ a good deal with respect to their circumstances, I propose to devote this Lecture to the consideration of their several varieties.

After the birth of the child, we sometimes meet with large discharges of blood from the uterus; and these discharges may either be produced by the presence of a portion of the placenta, which has been left behind in the womb unperceived by the accoucheur, or, without such retention of the placenta, they may now and then be occasioned by the lodgment of a clot of blood. That a part of the placenta is retained, we may suspect, if pains like those of labor occur—if, too, the discharges from the womb are fetid, and if the bleeding have stopped and made its appearance again, perhaps some three or four days after delivery; and this suspicion once excited, provided circumstances require, an examination may be made, when, if there is anything in the uterus, it will most proba-

ibly be found lying in the mouth of the womb. The treatment of these cases may be dismissed in few words. So long as the symptoms are not pressing and dangerous, and they generally are not in cases of this kind, so long it is not necessary that the practitioner should manually interfere. The various remedies prescribed on a former occasion, may, if you please, be tried; and, among others, the ergot, or you may throw saline injections, or cold water, into the rectum, or other means may be used to urge the contraction of the womb. But should the bleeding become obstinate, so as to place the life of the patient in danger, you would then be justified in throwing astringent fluids into the uterus; a drachm of alum, for example, being dissolved for this purpose in a quart of water; or if there was any substance in the uterine cavity, you might find it necessary to put your hand into the vagina, your fingers into the uterus, so as to bring away that substance, by the removal of which, in many instances, the hæmorrhage would become promptly arrested. Again, in women of a peculiar constitution you sometimes meet with an after-flooding of a very different kind, described by my valued predecessor, Dr. Haighton, but which I have never hitherto seen myself; whence I presume, that it is not of very common occurrence. In these cases, a sudden pain is felt in the region of the uterus, with concurrent vomiting and flooding; soon it ceases, then recurs, and this, too, repeatedly, till the woman, at length, loses so much blood, that her life is endangered, or perhaps she perishes. These bleedings do not, in general, assail

the patient immediately after the birth of the child, but occur, perhaps, an hour or two after the expulsion both of the fœtus and its placenta. It appears, too, that there is a tendency to a repetition of these floodings in subsequent labors; so that if a woman have had an attack of this kind after one delivery, in her future labors she ought to be watched for an hour or two, with more than ordinary care.

A more common, a more important, perhaps, I may say, a more fatal variety of these eruptions, is of a third kind, distinguished by a title familiar to most obstetric ears; I mean that of *internal* bleeding. Now in these hæmorrhages, a clot of blood forms over the neck of the womb, and the hæmorrhagy proceeding, the blood accumulates unobserved in the cavity of the uterus. To this case, on account of its importance, I have already had constant occasion to advert. A pint or two may, in this manner, accumulate in the cavity of the uterus. Occasionally, too, we meet with a variety of after-flooding, though different in pathology, yet analogous in practice; I mean a concealed hæmorrhage in the bed. A woman lying in the centre of a large bed, two or three pints of blood accumulate about her, forming a sort of pool there; the patient, perhaps, being so enfeebled, that she does not direct your attention to it, and seems, sometimes, to overlook it herself. In either case, dissolution has been the consequence, I may say repeatedly. The accoucheur is, perhaps, in a room adjoining that of the patient; he is suddenly summoned to her apartment, and, on reaching the bed-side, he finds



her dying, or dead ; for, on such occasions, women are sometimes very suddenly hurried from us.

When blood accumulates in the bed, this is readily detected by raising the coverings. If the blood collect in the cavity of the uterus, this also may be easily ascertained by examination. Laying the hand upon the uterus externally above the symphysis pubis, instead of finding the womb round, hard, and not bigger than the head of the fœtus, you feel it, perhaps, large as the adult head, yielding under pressure, and, not without gurgling, it discharges large quantities of blood, fluid or coagulated.

Of all the after-floodings, however, by far the most common is the *external* bleeding. Sometimes preceding, sometimes following, sometimes accompanying, the abstraction of the placenta. Large quantities of blood may be discharged. If the woman lie near to the edge of the bed, you hear, or see the blood as it pours upon the floor. This gushing is followed by asphyxia, or a state approaching it ; and from that time onward, frequently there is no further gush, but merely a draining—a few ounces of blood coming slowly away. In these cases generally, if the woman have not lost much blood, she rallies in the course of four or five hours, sometimes very rapidly. Sitting at the bed-side, doubtful whether the patient will recover or not, you find her rising and sinking, to rise and sink again repeatedly, still, upon the whole, gaining ground on her complaint ; so that at the end of four or six hours, you have the satisfaction to pronounce her to be, in great measure, secure from danger. But if the constitution be of that kind which

ill sustains the loss of blood, or if the discharge be very great, then the woman may die ; and she may either die suddenly, say in a few minutes, or, which is more frequent, she may live for one, two, or three hours after the first large eruption of blood, so that you have an opportunity of performing the operation of transfusion.

Those hæmorrhages, let me add, usually supervene within about twenty or thirty minutes after the delivery of the child ; so that, as some one has remarked judiciously enough, they occur not unfrequently about the time when the accoucheur is washing his hands, being on the eve of quitting the apartment of the patient, pleased to think that his duties are completed.

#### *Of the Treatment of After-Floodings.*

In a view to their management, various as these floodings are, they may be commodiously divided into two kinds ; those, I mean, in which the discharge is sparing, and those in which the eruption of blood is at once abundant and dangerous.

If you are called to a case in which, after the birth of the child, a great deal of blood has been discharged from the uterus—should asphyxia threaten, and should the bleeding be arrested—in conformity with principles already frequently enforced, beware of manual interference. I have observed already more than once, and, in consequence of its importance, I reiterate the remark, that whenever women are reduced to the lowest ebb, in consequence of large losses of blood, to disturb the genitals, unless with the utmost caution, is always more



or less dangerous ; for in consequence of this disturbance the bleeding may be renewed, and asphyxia may ensue, and death. If, however, the system have recovered some share of vigor, and the floodings show a disposition to return ; or if, as not unfrequently happens, you are called to floodings in which, though the discharge have been copious, still on examining the patient you feel satisfied nevertheless that there is no immediate danger, manual assistance then becomes proper enough ; and one of the first measures to be taken is, that of endeavoring to secure the contraction of the uterus. When explaining the nature of floodings, I observed to you, that the principal mean which nature employs to arrest the discharge of blood from the uterus is, the contraction of those muscular fibres which enter so largely into its composition. The womb contracted, its muscular fibres are shortened ; they press upon all the bloodvessels which are disposed and buried among them, and under this contraction they close up the vascular orifices which open upon the uterine surface, much in the same manner as if they were tied by so many ligatures. Hence, then, in after-floodings, though not negligent of other practices, we ought to give our main attention to this contraction of the womb, the best security against a further discharge. To excite the uterine contractions, by some we are advised to carry the hand into the cavity of the uterus, moving it about there ; an operation which, I believe, requires to be performed but rarely ; an operation, also, to which I am exceedingly averse, being always unwilling to carry the hand into the uterus unless

there be an inexorable need, for lacerations may now and then occur. There are others, again, who think they can secure the contraction of the womb by binding the abdomen ; a practice by no means to be despised. They put a broad bandage round the abdomen, interposing a pillow between the abdomen and the bandage ; then, drawing the bandage as tight as may be, so as to occasion a pressure on the abdomen in front, they endeavor, in that manner, to prevent the enlargement of the womb, and, in so doing, they at least prevent an accumulation of blood there. In the very beginning of the labor, this bandage may be applied, and if this precaution have been taken, it will be easy, without disturbance, to draw it tighter after the birth of the *fœtus* ; and this practice is not to be neglected. To mere bandaging, however, you ought not to confide. On tightening the bandage, be not forgetful, too, to interpose the hand, and, grasping the uterus, (to be felt through the abdominal coverings,) compress, shampoo it lightly, and roll the hand over its surface, careful in so doing not to occasion much pain. Distinguishing the womb in this manner through the coverings of the abdomen, grasping it, shampooing it, and rolling the hand over its surface, you may, I conceive, in general, stimulate its contractions as effectually, and much more safely, than if you were to introduce your hand into its cavity.

It may not be amiss to remark here, that in flooding cases, and indeed after all deliveries, there are different states in which the womb may be felt, and which states I formerly described to

you. In laying the hand upon the abdominal coverings, endeavoring to feel and grasp the uterus, you will sometimes find it nearly as large as the adult head; a proof that it is uncontracted, and a presumption that blood may be accumulated in its cavity. In other and more frequent cases, on grasping the womb, you find it small, not much larger than the head of a fœtus; but, though contracted, it feels soft and pulpy, yielding readily to pressure. In other cases, again, especially where the hæmorrhage has been arrested, the womb, thoroughly contracted, feels at the same time round and firm, and hard as the fœtal head, and this, too, permanently; under which condition of the uterus, the patient in general is thenceforward secure against any dangerous eruption of blood. There is, too, a fourth, a sort of intermediate condition, in which you may sometimes observe the womb; at one moment it feels contracted and hard, at another very soft and yielding, and perhaps enlarged, the contraction of the womb being not permanent but temporary only, the muscular actions occurring, perhaps, more especially when cold is applied, or when the hand is rolled over the uterine surface. Now, of all these conditions, the two latter only secure the patient against further bleedings, and more especially that condition in which the uterine contraction is permanent. If you find the womb thoroughly contracted, round and hard, then, provided it permanently remain so, flooding will rarely, if ever, ensue; if, moreover, you find it round and hard, yet occasionally softening, in general the patient is secure, though

not so certainly as when the uterus is in the other condition. If the womb be contracted, but permanently soft and pulpy, or if you find it uncontracted altogether under these circumstances, there is great danger lest the flooding should be renewed, and of course the patient remains insecure. But to proceed.

The management of the placenta is of the first importance in after-floodings, and the following rules relating to this point are not without their use:—In after-floodings, if the placenta *have been removed*, you ought by all means to ascertain whether the placenta have been taken away; and, further, whether, in this abstraction of the placenta, the womb have not been inverted. It sometimes happens, in the hurry and tumult of a flooding, that, in drawing down the placenta, the practitioner draws down the womb too, inverting it the more readily because, perhaps, it is relaxed and paralysed by the eruption of the blood. Now should you draw forth the uterus beyond the external parts, so that it lies between the limbs; the inversion can scarcely be overlooked; but if, in consequence of the inversion, the womb have been drawn down into the vagina merely, the inversion may then remain unnoticed; and, in this way, bleedings may be sustained, the cause being unknown: a case of this kind has been recorded by Denman.

In the hurry and tumult of a flooding, when abstracting the placenta, you may bring away a part only, leaving, unawares, in the uterus, one half, one third, or a still smaller portion; of which accident I have myself seen several instances. Now, retentions

of this kind give rise sometimes to floodings, and this too not only when the larger portions are retained, but the smaller also ; and I strongly suspect, that much inconvenience may be now and then occasioned by portions of the placenta not larger than the hand of a new-born infant ; so that in those floodings which occur after the placenta has been removed, it becomes of no small importance to ascertain, whether or not the whole have been abstracted.

That no portion of the placenta is left behind, you may ascertain, by taking the placenta which has been removed, laying it out upon a napkin, and carefully ascertaining whether its structure be entire. Doing this, if one part of the placenta is absent, you easily discover it ; and if the whole be there, you see it at once. When inversion of the uterus is suspected, the best mode of ascertaining this is, by laying the hand above the symphysis pubis, when, if you can feel and grasp the uterus in its natural situation, it follows that no inversion has taken place ; but should you not discover the uterus above the pubes, or, on examining the vagina, should you find the womb lying within, and forming a tumor, soft, round, and large as the fœtal head ; or should you find the uterus, as before observed, lying forth between the limbs, the inversion becomes evident enough. Polypus, or efflorescent excrescence, must not be confounded with inversion of the uterus ; the sudden appearance, however, of these, after delivery, is rare. When inversion is detected, the sooner the womb is reduced the better ; but, of this we may treat hereafter.

In after-floodings we are some-

times called to cases, in which the bleeding has occurred after the birth of the fœtus, *the placenta still remaining* in the cavity of the uterus. Now, in these cases, if the woman be lying in a state approaching to asphyxia, the flooding being arrested, it is unwise to interfere manually ; but if the case is of the ordinary kind, and though the flooding be copious, the symptoms are not very pressing, the received practice seems, on the whole, to be a good one, and the sooner you remove the placenta, the sooner the womb will contract, and the sooner the hæmorrhage may be expected to cease. With respect to the management of the placenta, therefore, our practice may be comprised in few words. In the general, where there is flooding after delivery, we remove the placenta as soon as may be ; leaving it undisturbed, where we apprehend that the woman might faint, and die under renewal of the bleeding. But if the placenta have been abstracted already, before the case comes under our care, then we are anxious to satisfy ourselves that inversion of the womb has not taken place, and that no portion of the placenta has been separated by laceration.

Under large eruptions of blood from the uterus, the woman lying in a state approaching to asphyxia, cold in all her members, refrigerating applications to the central parts are scarcely requisite ; though, in conformity with popular feeling, and the prepossessions of friends, napkins moistened with vinegar and water, or water simply, may be administered in a manner formerly recommended. But if, under a continuance of the after-floodings, the surface is warm,

the pulse distinct, and the vascular action lively—a condition of the patient by no means common in these cases—then the ordinary refrigerating applications become proper enough, and ought to be used with diligence and effect. For this purpose, procure a large body of very cold water, adding to it a pint or two of vinegar; then, folding a napkin, so as to form a surface large enough to cover the central parts in front, or posteriorly, either besprinkle it plentifully with the fluid, or drench it, afterwards wringing it partially dry. The napkin thus prepared, lay it on the lower part of the abdomen; and, having done this, apply another napkin in the same manner to the loins, changing those napkins as often as the surface acquires warmth, every two or three minutes for example, or oftener, as may be required. In very warm weather, and in warm climates, even ice when accessible has been recommended, but of this I have no experience. Cold water may be injected into the rectum, and I know not that any ill effects would result from this practice, well calculated to excite contraction of the uterus. I have seen some of my obstetric friends dash a cup full of water over the abdomen; while others have taken the hearth brush, always at hand, and dipping it into the refrigerating mixture, they have showered the water upon the abdominal surface, by means of this homely instrument. Bladders of cold water are sometimes placed under the axilla. Ice has been introduced into the vagina, not, however, without the risk of freezing and mortification; and, certainly, by these or other means, a strong impression may

be made upon the system, and so far, therefore, they properly recommend themselves to our attention; but, for general use, the most convenient method of refrigeration is by means of the napkin, as before stated; and, if you wish to produce a sudden and brisk impression on the body, after refrigerating the napkins, you may throw them promptly upon the parts in front or posteriorly. That the application of cold assists in suppressing the hæmorrhage, seems to be proved by experience; and, without refining in our speculations, the fact alone is sufficient to evince the fitness of the practice under the conditions before laid down. Should you ask me to explain the manner in which the application of cold proves effectual in suppressing the bleeding, I should reply, that it operates most probably in two modes; first, by lowering the action of the vascular system, as we all know that cold will do; secondly, by producing a sudden impression on the skin, which seems, by sympathy, to occasion a contraction of the uterus; for, I think, I have myself observed, when a wet handkerchief has been suddenly applied to the lower parts of the abdomen, that, immediately afterwards, on placing the hand beneath the handkerchief, the womb, soft before, might be felt round and firm and hard, as if a prompt contraction had been produced by the sudden refrigeration.

In large bleedings, after the birth of the child, you will find your patient generally more or less prone to faintness and asphyxia, and as the management of these symptoms will occasion you no small share of solicitude, you

had better study them before you are called upon to act. Now, in these cases, unless immediate death threaten, you need not be in great haste to resuscitate the patient ; for you all, I presume, by this time, are aware, that when the vascular action is depressed, the blood has a greater tendency to coagulate, and close up the bleeding orifices ; that under this lowered action, there will be a smaller chance of the detachment of the obstructive clots ; that a small quantity of blood flowing through the uterus in a given time, even though the orifices of the vessels remain open, only a small discharge may take place ; and, on all these accounts, therefore, that syncope, wisely intended by nature to put a stop to the bleeding, ought not to be interrupted. In the very first case of this kind which may fall under your care, alarmed by the collapse, you will feel a disposition to stimulate your patient, but against this error I forewarn you ; as long as the faintness is not dangerous, so long let it continue ; and, in the general, in these cases, the syncope is rather alarming than dangerous. On the other hand, however, if the collapse produced by the inanition is extreme, and if there is danger lest the syncope, characterised by symptoms formerly enumerated, should terminate in asphyxia and death, it then becomes necessary by stimulus, or other means, to sustain the vascular action. For this purpose, as I have told you already, the domestic stimulus is perhaps the best ; and spirit (rum, brandy, or geneva,) may be given in quantities of two or three table-spoonfuls at once, pure, or with an equal quantity of water every ten

or twenty minutes, according to the effect it may produce. That the spirit is in action we know, if the patient become garrulous and intoxicated ; that it excites the vascular system we know, if the pulse rises ; and, in all cases, if you find the spirit in operation, so that the asphyxia gradually yields, the further administration of it may be suspended. It is, according to the effect produced, (remember,) that this stimulus must be given. If you give merely a few table-spoonfuls, in this condition of the system, you will find that it produces but little effect ; the stomach is half dead, and moderate doses of stimulus are of little avail. As observed in a former lecture, I have found it necessary to give half a pint of spirit, and even more ; and this too, to young girls, in the course of two or three hours, the tendency to asphyxia being very strong. While administering this, you will put your patient in a position fitted, as far as may be, to prevent the asphyxia, with the head depressed, and the limbs raised by means of pillows. The patient, however, must on no account be stirred much, to obtain this position ; but if, by chance, she is lying near to the side of the bed, let the head fall down over the edge, and gently raise the lower limbs, so as to keep the blood as much as may be about the brain ; for, while the blood circulates there, asphyxia, I conceive, cannot occur. Nor, while treating of the means for preventing asphyxia, must I forget to mention, that nourishment should be given, though there is little hope of its being well digested. Beef tea, bread and milk, preparations of eggs, *et id genus omne*, to the amount of half

a pint, may be administered ; and of these, eggs and bread and milk have the advantage of being very readily prepared. If the patient is obviously sinking, I have told you already, that the principal remaining remedy is *transfusion*.

(To be continued.)

### III.

#### SELECTIONS FROM FOREIGN JOURNALS.

##### *Case of Galactorrhœa and Anomalous Menstruation.*

A FEMALE, who, with the exception of some tendency of the blood towards the head, had always enjoyed good health, married in her fourteenth year ; the menses appeared a year afterwards, and returned regularly, but were always accompanied by violent pains in the belly. In her sixteenth year, she became pregnant ; the menses, however, continued until after the second month, when they ceased ; but, in the seventh month, reappeared. Her labor was very easy, and there was an abundant secretion of milk. Two months after delivery, she again menstruated ; at this time she was attacked with illness, induced by violent mental emotion, from which she recovered after the occurrence of bleeding from the nails and the gums. During this illness, however, she suckled the child, and continued to do so for two years, during which time the menses flowed regularly. After she had weaned it, a real galactorrhœa begun ; the breasts continually secreted milk, which was abundantly discharged by day and night. Her general health did not seem to be affected, and the menses con-

tinued regular. In this state she remained for six years, having, in order to get rid of her burden, constantly suckled several infants. A practitioner, to whom she applied at this period, bled her very freely from the arms and feet ; the flux of the milk was almost immediately arrested ; but, in its stead, blood began to be discharged from the breasts, with violent pains extending to the shoulder and neck, and increasing if the bleeding only ceased for a short time. The blood was very dark-colored, thin and foetid ; it flowed almost continually, day and night, as the milk had done. The menses, which remained regular, had no effect on its quality and quantity, and her general health was unimpaired.

When Dr. Jacobson, who relates the case, saw the patient, she looked very healthy, and even plethoric ; the breasts had, since the time when the galactorrhœa ceased, considerably diminished in size ; they were soft, and without any sign of inflammation, but so extremely sensible, that they could hardly bear the pressure of the clothes ; the nipples were well formed and indolent ; the quantity of blood discharged daily was from three to eight drachms ; it could not be squeezed out of the mammæ, the pains in which were almost intolerable, and, whenever the discharge of the blood ceased, or the weather changed, increased to such a degree, as totally to deprive the patient of rest ; the pulse was slow and soft, the skin dry, and the bowels regular. Menstruation, which had always regularly appeared, having now, for the first time, failed to do so,

violent congestions in the head ensued, followed by hæmoptœ and hæmatemesis, with vertigo, and painful tension in the pelvis. Cooling medicines relieved these symptoms, but did not prevent their recurrence. Leeches to the labia pudendi, and bleeding from the feet; semicupia and foot-baths; digitalis, prussic acid, and aperients, were employed without any effect; and not only during the menstrual period the hæmatemesis and hæmoptœ regularly continue, but they also occur on the least affection of the mind. From these hæmorrhages, the patient always very rapidly recovers, and her general health does not seem to have suffered from them.

#### *Saltpetre.*

A commission, composed of four members of the French Academy, appointed at the desire of the government, have lately made an elaborate report, on the best means of producing saltpetre on economical terms; and more especially on the merit of the artificial nitrates formed from materials containing neither animal nor vegetable matter, recommended by M. Longchamp.

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BOSTON, TUESDAY, DEC. 9, 1828.

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#### CONTAGIOUS NATURE OF THE DENGUE.

In the article published the last week in this Journal, by Dr. Stedman, the contagious nature of the Dengue fever is asserted. In the remaining portion of the same article, the writer enters into a detail of the circumstances which render his assertion probable. Many of the facts which he adduces are certainly well, and perhaps best accounted for upon this

supposition. But upon the whole he does not seem to have made out a stronger case than might be done for the influenza which prevails occasionally among us, and for some other diseases. It was our original intention to have published all that he has written upon the subject, but we are satisfied that the subsequent details into which he enters would not be interesting to our readers.

#### EXTIRPATION OF THE UTERUS.

Extirpation of the uterus seems now to be the most fashionable operation in Great Britain. We have lately recorded a successful case of this kind by Dr. Blundell. The latest journals bring us accounts of three additional cases. A second by Dr. Blundell; one by Mr. Banner of Liverpool; and a third by Mr. Lizars of Edinburgh. The two first named cases were fatal; of the result of the last we are not informed. We shall take an opportunity of laying a history of these cases before our readers.

#### WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Nov. 29, at noon.

Nov. 21.	William Jennings,	41 yrs.
22.	Susan Dill,	25
	Hannah W. Smith,	19
	Stephen Higginson,	85
23.	Merean March,	6
	Charles A. Blake,	7
24.	Christopher Clemmens,	32
25.	Owen McGirr,	2
	Eunice Bates,	70
	Dorcas Stephens,	41
26.	Lawrence Condon,	36
	Elisha Bellamy,	32
27.	Cornelius White,	76
	Nathaniel Atwood,	26
	George Rust,	12 mo.
28.	James W. Davis,	3
	Alexander Y. Parker,	6 yrs.
	Nathaniel Pitten,	80
29.	Prudence Jones,	28

Accidental, 1—consumption, 4—croup, 1—colic, 1—infantile, 1—lung fever, 1—mortification, 2—old age, 4—typhus fever, 1—unknown, 3. Males, 13—females, 6. Still-born, 1. Total, 20.



## ADVERTISEMENTS.

## SURGICAL INSTRUMENTS.

**D**AVID & JOHN HENSHAW & Co.  
No. 33, India Street, near the head  
of Central Wharf, have for sale a very ex-  
tensive assortment of Surgical Instru-  
ments. Gentlemen wishing to purchase  
will find it to their advantage to call and  
examine them. Oct. 14.  
6mo.

## ABERNETHY'S LECTURES.

**T**HIS day published by Benjamin Per-  
kins & Co. Lectures on *Anatomy*,  
*Surgery*, and *Pathology*, including obser-  
vations on the nature and treatment of  
*Local Diseases*,—delivered at St. Bartho-  
lomew's Hospital, by JOHN ABERNETHY  
F. R. S. 6w.  
Boston, Sept. 22, 1828.

## ATHENEUM;

OR, SPIRIT OF THE ENGLISH MAGAZINES.

**T**HE Athenæum is published on the 1st  
and 15th of every month, each num-  
ber containing 40 pages, large octavo. It  
consists of selections from the best English  
Magazines, and is intended as a Miscellany  
for all classes of readers. The price  
of the work, with plates of the fash-  
ions, is six dollars a year; without them,  
five dollars. Other plates will occasion-  
ally be given, and sent to all the subscrib-  
ers, without additional charge.

184 Washington Street, Boston.

Nov. 4.

**B**ENJAMIN PERKINS & CO. have in  
the press, and will shortly publish,  
"A Manual for the use of the *Stethoscope*,  
being a Treatise on the different Methods  
of investigating the Diseases of the Chest.  
Translated from the French of M. COLLIN,  
by W. N. RYLAND, with Notes and an  
Introduction by a Fellow of the Massa-  
chusetts Medical Society.

Oct. 23, 1828.

Nov. 4—6w.

## NATHAN JARVIS,

*Druggist and Apothecary,*

**H**AS taken the Apothecaries' Hall,  
No. 188, Washington Street (lately

kept by Messrs. Wm. B. & Henry White.)  
His stock of Drugs and Medicines is com-  
plete and genuine. Physicians and oth-  
ers are assured that their orders, prescrip-  
tions, &c. will meet with prompt and  
strict personal attention.

The old friends of this establishment  
are requested to continue their patronage.

## EUROPEAN LEECHES.

**C**HARLES WHITE, No. 269 Wash-  
ington St., Corner of Winter St., has  
received a supply of GERMAN and  
PORTUGUESE LEECHES.

## PRIZE DISSERTATION

*On the Effects of Spirituous Liquors.*

**A**T the Annual Meeting of the Massa-  
chusetts Medical Society in 1827,  
the following resolution was adopted:—  
"Resolved, That this Society will use  
the skill of its members in ascertaining  
the best mode of preventing and curing  
the habit of intemperance, and that for  
this purpose a premium of FIFTY DOLLARS  
shall be offered for the best Dissertation  
on the subject; which after being approv-  
ed by the Counsellors shall be read at  
the next annual meeting of the Society,  
and afterwards printed; and that the au-  
thors be requested to point out the cir-  
cumstances in which the abandonment of  
the habitual use of stimulating drinks is  
dangerous; and also to investigate the ef-  
fect of the use of wine and ardent spirits  
on the different organs and textures of the  
human body."

In consequence of this resolution two  
dissertations were presented; but not be-  
ing sent within the time specified, they  
could not be examined.

At the Annual Meeting of the Society  
in 1828, it was voted to renew the offer  
of the premium on the same conditions,  
and the undersigned were chosen to re-  
ceive and examine the dissertations.

The dissertations presented for the pre-  
miums may be left at the office of Mr.  
John Cotton, Bookseller, Boston, or sent  
to the Chairman of the Committee; on or  
before the 15th day of April, 1829.

JOHN C. WARREN,  
ZABDIEL B. ADAMS, } Committee.  
JOHN WARE,

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to  
whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if  
paid in advance, three dollars and a half if not paid within three months, and four dollars if  
not paid within the year. The postage for this is the same as for other newspapers.